W4H
WOMEN FOR HEALTH

UKaid
from the British people

Addressing the shortage of female health workers

How to establish a Foundation Year Programme

Since it began in 2012, the Women for Health programme has successfully addressed many of the practical and strategic challenges associated with its goal of increasing the number of female health workers, especially midwives, in rural areas of northern Nigeria.

By the end of March 2018, 6,257 women received training as health workers because of the programme. Many are developing careers as rural health workers in their local communities where they can have the greatest impact on maternal, infant and child mortality and act as role models and champions.

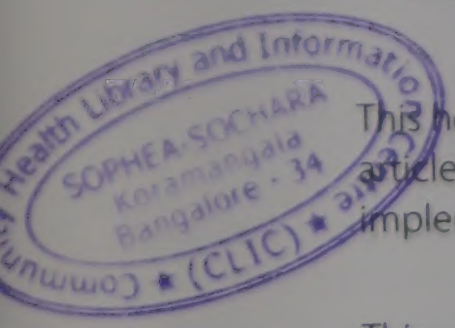
This How-To guide is about the process of establishing a Foundation Year Programme to enable young women from rural areas to improve their education qualifications and empower them for entry into the Health Training Institutions. It translates the lessons learned from the Women for Health programme into a series of practical, inter-connected steps to guide similar projects and government initiatives in comparably challenging locations.

This guide is for anyone aiming to close a gender gap in service provision and empower women through the process, while also contributing to progress on the Sustainable Development Goals. It is suitable for project and programme teams, government departments, development partners and non-governmental organisations.

While this Guide is focused on health, some elements of the guidance could be valuable for the provision of other social services, such as education, to increase the supply of female teachers in rural areas, and agriculture/ livelihoods, to increase the availability of more female agricultural extension workers.

Other How-To Guides based on the learning from different aspects of the Women for Health programme are available.

For more please visit: www.women4healthnigeria.org



How to use this Guide

This how-to guide builds upon Women for Health technical briefs, peer-reviewed articles, knowledge summaries and guidance related to establishing and implementing a Foundation Year Programme.

This guide has been organised into nine stages, with each stage broken down into key steps, ending with a review of lessons learned. However most of these components may be implemented simultaneously and in a coordinated manner.

The Women for Health programme

In the north of Nigeria, a chronic shortage of female health workers converges with social, cultural and religious norms which impact on womens access to health care to produce some of the poorest maternal and new born health indicators in sub Saharan Africa: in 2013 women faced a one in nine lifetime risk of maternal death; 23.8% girls were married before age 18; only 19.5% and 12.3% of deliveries in the North East and North West were attended by a skilled provider, compared to 82% in the South East and South West. Moreover, rural deliveries in the north were three times less likely than those in urban areas to be attended by a skilled provider[1].

Changing attitudes

Targeting young women from rural areas can contribute to solving the female human resource crisis while at the same time empowering these women to act as local champions, transforming attitudes to women and girls and helping to shift gendered social norms.

In this context, social norms prescribe that women receive reproductive care from other women. Yet the seriously low number of female frontline health workers in rural areas meant that few government health facilities had midwives or female nurses. Moreover, government efforts to recruit midwives from the south to fill rural vacancies had had limited success, mostly because of the social and cultural differences between the north and south.

The context

In response to this challenge the UK aid funded Women for Health programme focused on a sustainable approach recruiting young women already residing in the rural areas for training so that they return to their home community to provide culturally appropriate health services for girls and women. At the same time, the programme empowered these women to act as local champions, transforming attitudes to women and girls and helping to shift gendered social norms.

Working in five northern Nigerian states of Jigawa, Kano, Katsina, Yobe and Zamfara, Women for Health strengthened stakeholders capacity to address the female health worker crisis, improved the management, quality of teaching and gender-responsiveness of health training institutions, and engaged rural communities to support young women to train and practice as health workers.

The challenge

The recruitment of young northern women for health professional training is challenging for a range of complex reasons including socio-cultural disadvantage and exclusion. Poor educational provision in rural areas means that most young women do not have the level of education to succeed in nationally accredited training courses. Moreover, restrictions on womens mobility and the deep-seated expectations around appropriate gender roles constrain opportunities for career development of young women.

The implementation of the Women for Health programme has demonstrated how solving this practical problem by targeting young women from rural areas can contribute to solving the female human resource crisis while at the same time empowering these women to act as local champions, transforming attitudes to women and girls and helping to shift gendered social norms. This guide outlines the key steps that need to be taken.

1. 2013 Nigeria Demographic Health Survey, National Population Commission, Nigeria.

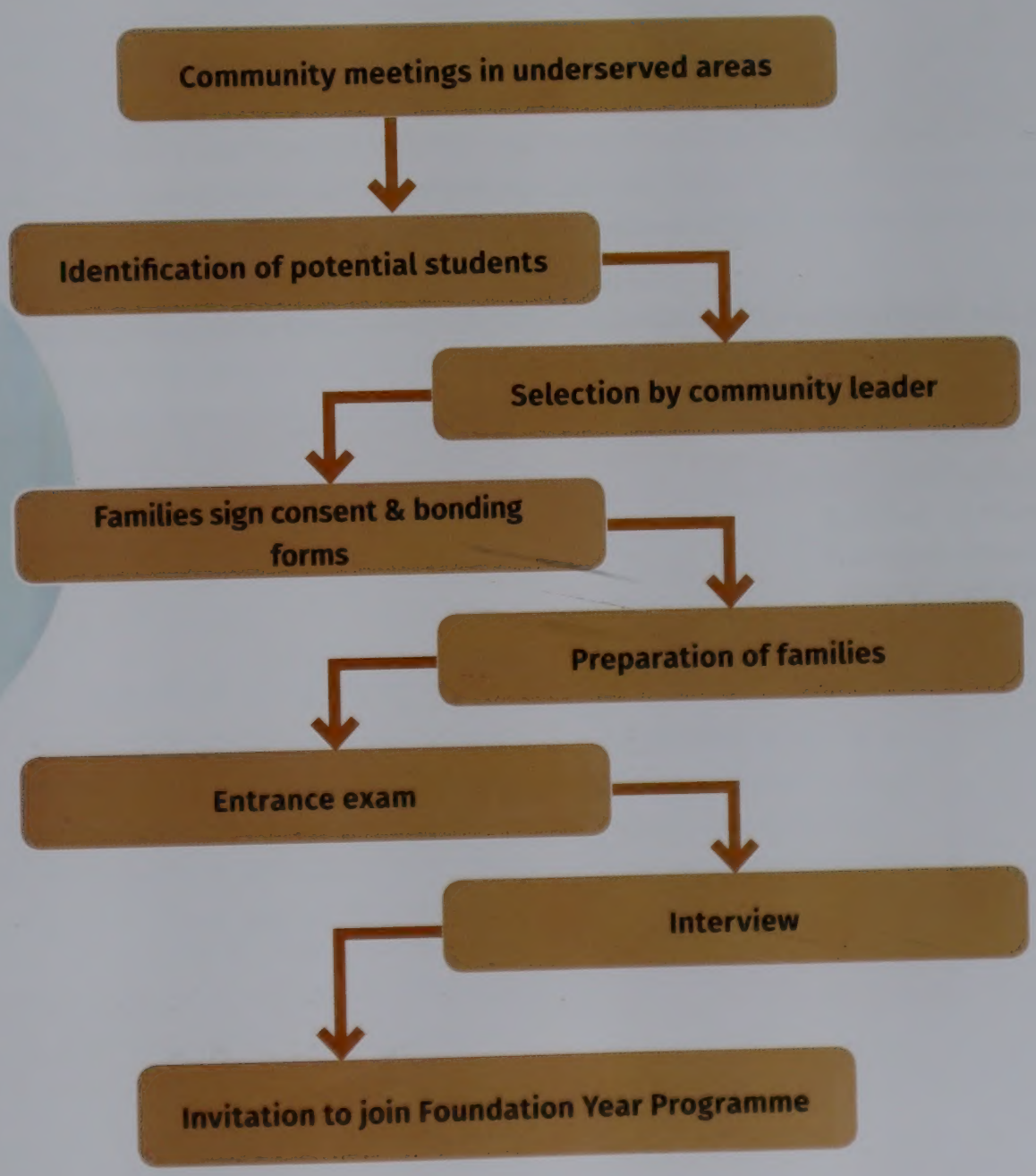
Recruiting and training women from rural communities

One of the challenges Women for Health faced was the low level of education among young women from rural communities in the five states targeted by the programme. To increase the number of potential candidates for the professional health training run by health training institutions and other colleges, the Women for Health programme had to set up a Foundation Year Programme (FYP) to enable young women to raise their level of education to the required standards.

Two kinds of courses were established within the FYP, a nine-month Bridging Course for those who had not achieved five credits in the school exams and a three-month Preparatory Course for those who already had five credits, to prepare them for the entry process for the training schools. Those on the Bridging Course automatically moved on to the Preparatory Course.

This How to Guide explores the multi-faceted process of setting up a successful FYP: from the initial stages of situation analysis and key stakeholder engagement; through working with communities to make it possible for young women to go away to train; through working with the institutions to fund and create facilities and courses with trained staff to teach; through to how to help the young women make the most of the exceptional opportunity to become role models and agents for change in their own communities.

Figure 1: The Recruitment Process



Stage 1: Preparation

Step 1

Scoping

Before establishing a Foundation Year Programme, or similar initiative, it is essential to do a scoping study to get a good understanding of the situation and to gather relevant evidence. In the case of Women for Health, the evidence needed was of the hardships that result from the lack of female front line health workers, especially midwives in rural areas.

For Women for Health, the scoping involved gathering a wealth of material already existing, including government data, especially the annual Demographic and Health surveys, maternal, new-born and child mortality and morbidity statistics, and various poverty statistics. There were also a large number of studies conducted by INGOs and UN agencies, as well as health and education data from ministries and related agencies, as well as from community development and social services.

These statistics will help to build a logical case for change and provide the kind of evidence that will influence decision-makers.

In addition to statistics, it is also important to gather qualitative information such as stories of the challenges faced by women due to the lack of female health workers (see Hauwas story below. Real stories contribute to building an evidence-base and reinforce the case for change, by impacting the hearts of decision makers and challenging all who hear the stories to take action. This can for example, include framing the statistics to speak of how many women and children die each year in each district or state (as opposed to purely stating the maternal mortality rate).

In addition to gathering information about the situation on the ground it is essential to map any previous projects and government initiatives set up to address the situation and to document how successful they were.

Qualitative information of the challenges faced by women due to the lack of female health workers is importatnt. Real stories contribute to building an evidence-base and reinforce the case for change.

Case study

Hauwas story

Hauwa, a young woman from a rural community in the north of Nigeria gave birth at home to her third child. All went well and the baby was delivered safely, but unfortunately she had a retained placenta. The family did not take her to the nearest health facility because the only staff were male, so they called for the local Traditional Birth Attendant, who was not available. The mother-in-law tried her best to help but did not have the knowledge or skill and Hauwa sadly died leaving three young children to be cared for by others.

Step 2

Identifying the barriers

Having scoped the situation, the next step is to identify all the barriers preventing young women from rural areas from studying to become health workers and returning to service their communities. These barriers are likely to include socio-cultural barriers and beliefs to do with the home and community. These may include educational, practical and financial barriers to attending a training programme or barriers that relate to the environment within the Health Training Institutions and their suitability for young women from rural areas. Additionally, they may include wider institutional and governance barriers related to the recruitment, training and deployment of health workers.

When identifying barriers, it is important to do this with the participation of key stakeholders. For Women for Health these included the Health Ministry and the health training institutions.

Developing strategies to address each of these major barriers informs the outputs of any project or programme and contributes to the Theory of Change

Step 3

Mapping underserved areas

Having built a body of evidence to support the introduction of a Foundation Year initiative, the next step is to map out the location of the underserved communities such as those that have a health facility but do not have a qualified midwife or female nurse. It is recommended that the selection of target areas for any intervention should be made in consultation with local government officials.

The communities surrounding these health facilities will then form the basis for the recruitment of students for the FYP. If building on an existing initiative, the underserved locations may have already been identified through previous activities.

Step 4

Stakeholder analysis

Key to the successful implementation and sustainability of the FYP is the identification of all those who the FYP will impact on and all those who can influence and support the programme or have a negative effect on it (see Table 1). This will then form a framework for identifying who to involve in the FYP, for what purpose and at what stage.

Table 1A: Primary stakeholders

Young women on the FYP

What they can give

Enthusiasm and energy

Determination to succeed

How they will benefit

Potential career as a health worker

Economic and social empowerment

Increased competence and skills

Raised status in family and the community

Greater decision-making power in family and community

Improved confidence and self esteem

Family members

What they can give

Social support for student

Financial support if possible

How they will benefit

Greater hope for the future

Improved status within their community

Improved economic status

Community Members in the students home

What they can give

Sponsorship of the student

Social and emotional support for the student

Ongoing interest/monitoring

How they will benefit

A female health worker to serve girls and women

Greater hope for the future

Improved appreciation of the potential of girls and women

Other young women in their communities

What they can give

Mentoring and leadership opportunities for the student

How they will benefit

Greater aspiration and hope for the future

Role models to emulate

Greater family and community support for their education

Women in their communities

What they can give

Support to other young girls to continue and succeed in education

How they will benefit

Access to female health workers

Improved status of women

Improved female and child health

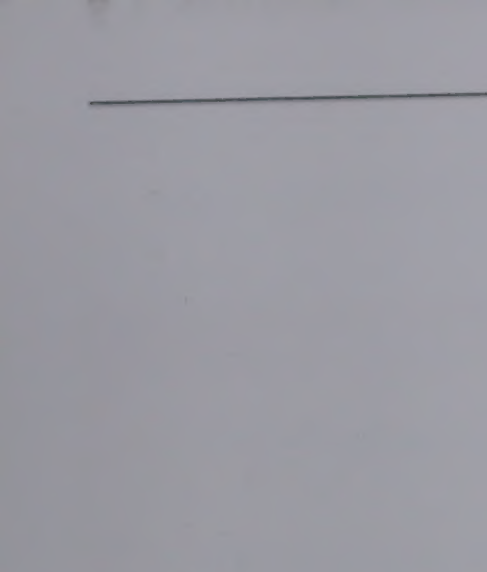
Eventual reduction of maternal mortality and morbidity

Table 1B: Secondary Stakeholders

Stakeholder	What they can give	How they will benefit
State governors	Strong executive support for establishment and funding for FYP	**Improved health indices in their state**
State legislators	Establishing and supporting the legislative framework	**Improved health indices in their state** **Opportunity to understand the reality on the ground and make a difference**
State Ministry of Health	Support for FYP Strengthening budgetary and technical support for the Health Training Institutions Increased resources to Health Training Institutions Greater transparency in the recruitment process	**Increased supply of female health workers in rural areas** **Greater political support for health education** **Increased funding for human resources for health in the state**
State Ministry of Education	Provision of tutors for FYP	**Recognition** **Support for girls education in the state**
State Ministry of Womens Affairs	Provision of life skills and Local Government Area training Stipend, materials for accommodation	**Contribution to their mandate to support the empowerment of women and girls**
State Ministry of Local Government and Chieftaincy Affairs	Effective involvement of LGAs in the recruitment process Financial support for students	**Recognition** **Development of Local Government Area**
Health Training Institutions	Appropriate learning environment for young girls from rural areas Support for FYP Support for institutionalising FYP Greater transparency in the recruitment process	**Support for the development of the Health Training Institution** **Improved infrastructure** **Improved budget allocation and release** **Recognition** **Improved results**
Nursing and Midwifery Council	Professional recognition and support Accreditation	**Recognition**
Traditional authorities	Support for the training of women as professionals Identification of students Community support for the FYP students	**Involvement and recognition of their status** **Resources for the community** **Increased status of their community**
Religious authorities	Religious support for women as health workers and saving of lives	**Involvement and recognition of their authority**

Stage 2: Engaging with stakeholders

It is essential to bring influential people, gatekeepers, policy makers, opinion leaders and groups on board from the start in order to establish an effective FYP. Without the buy-in and ownership of such an initiative, it would be extremely difficult to implement and there would be very little chance of embedding it within the existing system and sustaining such an initiative in the future.



Step 1

Formulating clear, logical messages

All initiatives should be designed with a clear logic for the activities, which sets out what needs to happen and why. The logic for the FYP needs to be clearly understood by all staff involved and framed in language that can be clearly understood by a variety of stakeholders. Diagram 2 sets out the logical argument that successfully brought stakeholders on board for the FYPs established in the Women for Health programme. This logical case for change needs to be supported with the data and real life stories gathered to appeal to hearts and minds to deepen the commitment of stakeholders and galvanise them to take action to address the situation.

Figure 2. Logic for the programme

If women are not to die in childbirth, we need to have more trained female health workers (skilled birth attendants) in rural areas

It is difficult to deploy and retain health workers in rural areas who come from the South or from urban areas

There is therefore a need to recruit and train women from the underserved rural areas, so they can return to their home area to work

These young women will return to their rural communities to practice as health professionals

Who are the wider stakeholders?

Key decision-makers, policy makers, opinion leaders, politicians, traditional authorities, responsible ministries (including the Ministry of Health, Education and Womens Affairs, Ministry of Education), and professional and regulatory bodies, such as the National Association of Nurses and Midwives.

Why do we need to engage them?

- So that they support the initiative and become proactive advocates for change
- So that they take ownership for helping to solve the problem, and develop sustainable systems to continue the work

How can we gain their support?

- Through meetings and sharing the logic of the intervention
- Through developing and implementing a robust advocacy strategy
- Through changing minds with evidence and hearts with stories of personal struggle
- By following through on promises made, and negotiating matched funding for specific initiatives, such as the building of midwives accommodation
- By contributing technically and financially

Step 2

Building support

Issues relating to womens roles and relationships can be extremely sensitive, particularly in the complex, religious, political and social structures of northern Nigeria. Effective engagement in this context is not simple and entry points and strategies have to be sensitively honed to the local situation and involve local stakeholders.

Women for Health wanted to establish and run FYPs to assist cohorts of young women from rural areas to train as health workers, as well as to institutionalise and sustain these processes into the future. Ensuring that national and state-level political, traditional and religious leaders, community members, health training institution managers and relevant ministries are on board and ready to work in partnership is essential for the successful implementation of the FYP.

Therefore extensive consultations and meetings need to be held at national and state levels to promote the rationale for and benefits of the FYP and the role each stakeholder can play in resolving the human resource and maternal mortality challenges.

Wherever possible these meetings should be held in the local language, which will aid understanding. When this was done in the Women for Health programme, some stakeholders such as the state legislators, commented that this was the first time that they really understood the scale of the problem.

In Women for Health, each state managed its own engagement process slightly differently as they identified different stakeholder groups that could contribute to the development of the FYP in their state.

Our experience

Different approaches for different states

In Women for Health, one state started engagement processes with the chairman of the traditional ruler council, who further recommended one of the Emirs as the key focal person to ensure the buy in of all communities to FYP and the overall Women for Health programme. Discussions with the Emir on target audience led to the identification of six emirates within the State to be used as channels to getting the message across to the communities. Two other states used a similar process.

Another state engaged the Sharia Councils, Ministry of Religious Affairs, and traditional rulers as the key channels to communicate to the objectives of the FYP and prompt the interest and acceptability of the community to the FYP.

A third state used Women for Healths existing strong relations with policy makers in the Government agencies and Ministries such as State Ministry of Health, Women Affairs, Religion Affairs and other DFID-funded partners to solicit collaborative efforts and support in enlightening the communities of the benefits of the FYP.

Step 3

Participatory development of advocacy strategies

The next step is to develop an advocacy strategy. After the initial consultations, Women for Health conducted a series of state-level workshops to undertake background research to identify trigger points (the optimal timing when the most effective messages can be delivered by the right people). Understanding trigger points is crucial if attitudinal change is to occur in a timely way and this forms the basis of the advocacy strategy.

Included in the target audience of these workshop were key stakeholders, such as state ministry personnel, who Women for Health aimed to bring on board. These meetings had multiple functions developing the strategy for FYP, beginning the process of change, identifying the target stakeholders as well as developing understanding and shifting attitudes. In addition to ministry personnel, participants included representatives from the health training institutions, traditional authorities, NGOs, other project representatives.

Each state then began the process of developing a state advocacy plan. This was focused on helping to achieve FYP objectives and clearly identify who would be targeted with which messages, how and when.

A good advocacy strategy needs a driving force to implement it. In Women for Health this was achieved by selecting a small cross-section of stakeholders to contribute to developing the strategy. In some states, there may already be advocacy groups which the programme may join. Another approach is to identify citizen champions who can lead advocacy interventions.

In the case of Women for Health, the advocacy strategy was developed for the wider programme, including FYP, but this step would be equally important for any foundation, or access programme.

Table 2: Key Stakeholders by State

W4H States	Key Stakeholders
State 1	State Ministry of Health, Facility Health Committees, Health Training Institution, Hisbah Board
State 2	State Ministry of Health, Women Affairs, Religion Affairs, Emirate council
State 3	The Emirates, Traditional Leaders, Federation of Muslim Womens Association of Nigeria
State 4	Sharia Council, Ministry of Religion Affairs, Health Promotion Officers
State 5	The Emirates, Local Government Area Health Education, District Heads

Step 4

Ensure that advocacy features in the job description of all relevant staff

While the state-level groups undertake specific advocacy activities and provide support to the initiative, all FYP implementing staff need to be the main advocates of FYP at national, state and local levels. Regular meetings should be held and strong communication platforms maintained with some of the pivotal stakeholders and FYP staff need to continuously seek and take opportunities to advocate for the FYP.

Step 5

Build on existing trust and good will

If the Foundation Year Programme follows on from previous successful projects it may be possible to rekindle relationships and build on existing goodwill. Try to take these relationships to another level in terms of engendering political will and commitments, which help to create an enabling environment essential for successful implementation.

Step 6

Establish and maintain strong relations with core activists and gate keepers

Creating and maintaining effective communication channels between the FYP implementers, the health training institutions and the regulatory and professional bodies is crucial for the smooth operation of accreditation, assessment and professional issues. For example, at national level, linkages were made with regulatory bodies, such as the Nursing and Midwifery Council of Nigeria and the Community Health Practitioners Registration Board and their associated state level committees. Strong relationships with representative organisations, such as the National Association of Nigerian Nurses and Midwives helped to create an enabling environment for the Women for Health FYP.

Engagement with main gatekeepers, such as traditional leaders, politicians/opinion leaders, state legislators and religious leaders can be extremely helpful in terms promoting the FYP.

Once established, these relationships should continue to be strengthened throughout the lifetime of the programme. The implementation of a strong cross-cutting advocacy strategy, including formal, informal, state and national level strategies, ensures that any bottlenecks are addressed. The regular communication of results and on-time delivery of programme activities helps to maintain the trust and belief in the programmes potential and helps to establish the programme sustainably within the state systems.

If working in multiple states, a different strategy might need to be taken in each state, as the box below shows.

Our experience

Women for Healths involvement with religious leaders

Women for Health began by identifying the various religious schools of thought in the state and helped them to understand the importance of the programme and how they were key stakeholders in protecting the moral integrity of northern Nigerian women. They helped the programme to identify key messages from religious texts that emphasised the importance of women working to save lives and formulate the messages to reach rural communities.

Step 7

Using funding to leverage support

Womens health and the training of health workers had been a low priority and this meant that there was very little public sector financing and resources allocated that the Women for Health programme could tap into. Consequently, external funding was needed when introducing the FYP. However, this funding was used to leverage additional support and funding from the government from the start. Taking a partnership approach which promotes co-funding, we will pay for this, if you fund this element increases government involvement and eventual ownership of the programme.

Step 8

Follow-through on promises and leverage quick wins

To win the confidence of stakeholders, it is important to make and follow through on somequick wincommitments. In the case of Women for Health, this was done by making (and rapidly following through on) an agreement to build an agreed number of midwiveshouses in rural areas, if the Ministry of Health built a matching number of them. The regular communication of results and on-time delivery of agreed activities helped to maintain the trust and belief in the programme.

Step 9

Engaging families and communities

In many rural communities a certain level of shifting of attitudinal transformation is required if women are to be able to successfully pursue a health career with the full support of their husbands, families and the wider community, and not feel compromised by conflicting views about the appropriate role for women within Muslim society. Community members, especially traditional and religious leaders, the young women themselves and their family members need to be involved from the start and throughout the whole process of selection, the FYP and into professional training.

Once the target communities have been identified it is essential to involve key community-level stakeholders who can influence the community husbands, fathers and guardians who allow their daughters and wives to participate in the FYP, and who can also promote community acceptance of the scheme. Mechanisms for doing this are described in Stage 5: Recruitment and Selection.

Stage 3: Designing the Foundation Year Programme

Foundation Year Programmes (FYP) are designed to help young women from rural areas to raise their level of educational achievement to meet the standards required to enter schools of nursing, midwifery and health technology. They are also designed to prepare these women and their families for the inevitable changes that will occur as they develop, both academically and personally, through the FYP. Both the academic and preparation aspects are typically part of foundation year or access courses.

Two foundation courses

In the Women for Health programme, two separate foundation courses were introduced: a nine-month Bridging Course for those who had not achieved five passes in the school exams and a three-month Preparatory Course for those who already had five passes, to prepare them for the entry process for the training schools. Those on the Bridging Course automatically moved on to the Preparatory Course.

Designing the Bridging Course

The Bridging Course provides the opportunity for the young women to improve their academic performance and to gain the exam grades needed to apply for professional health training programmes. Rural students on the course follow the secondary school curriculum and sit the WAEC/NECO exams in order to achieve the five credits which make them eligible for further study.

Students are required to be registered with a Health Training Institution or other centre that offers science subjects. The Women for Health state team ensured the registration of all students in a relevant centre and payment of their registration fees. Each student is allocated a registration number which enables access their data online. Students remain at the Health Training Institution or centre during the examination period to ensure appropriate study time and revision. The FYP coordinator organises for students to sit their exams at the school or centre.

Students have two chances to sit these exams May/June and Nov/Dec, this is because they are allowed to use any two sittings to achieve five credits. Once the exam results are available they are analysed to identify which two sittings can be used to claim the five credits required for entry to midwifery, nursing and Community Health Extension Worker (CHEW) programmes or which provide five passes for entry to community midwifery programme or Junior CHEW (JCHEW). Bridging Course students will then be advised on which progression pathway is most suitable for them.

Designing the Preparatory Course

The Preparatory Course is for students who have five credits but would benefit from further support in order to pass the entrance exam for entry to the Health Training Institutions and the weeding exam that takes place at the end of the introductory period. The curriculum for this course was designed with the health training institution tutors to ensure that it gave the best possible introduction to the professional programmes. This course provides an introduction to many of the key subjects and approaches that the students will face on the professional courses. It also includes study skills and helps strengthen students academic learning in English, Maths and Science. The tutors on this course are those who taught the Bridging Course, but also includes tutors from the Professional Programme. If the FYP is not located within a Health Training Institution the course includes familiarisation visits to the institutions.

Stage 4: Establish systems and structures

Systems and structures that establish governance and processes for FYP implementation will help to ensure transparency, accountability and sustainability at state level. This will involve establishing a state level structure with clear terms of reference and a role with responsibilities for coordinating FYP implementation across the state.

Step 1

Establish a State Foundation Year Programme Working Group

Early in the process, a number of influential persons identified during the stakeholder analysis should be invited to join a State FYP Working Group (SFYPWG) to provide on-going advocacy related to the benefits of training young women from rural areas and their particular needs during training. In recruiting members, priority should be given to influential individuals who are interested and committed. The group could include politicians, educators, ministry personnel and NGO staff. Such a group can help to reduce political interference, favouritism from the community heads and patronage from senior management of training institutions, and most importantly they will ensure that the recruitment and admission process for the FYP is transparent.

In the case of the states where Women for Health was operating, strong leadership and support was provided by the State Ministry of Health (SMOH), the State Ministry of Womens Affairs (SMOWA) as well as from community leaders and these bodies suggested key representatives for the SFYPWG. Nominations were based on the stakeholders relevance to the Women for Health programme and likely influence with the community with respect to the FYP. Membership of the SFYPWG included representatives of the State Ministry of Education (SMOE), LGAs, Religious and Chieftaincy Affairs Ministry, Emirs Palace and senior management staff of the training institutions. However, the composition was different in each state (see Table 3).

Table 3: Composition of the State FYP Working Group in five Women for Health states

W4H States	Representatives in each state
State 1	State Ministry of Health, (Perm Sec, DHR and Director of Programmes), State Ministry of Womens Affairs (Perm Sec), State Ministry of Education, Emir, Federation of Muslim Womens Association of Nigeria, Council of Ulamas
State 2	State Ministry of Health, School of Midwifery, State Ministry of Womens Affairs, Health Training Institution Principals, State Ministry of Womens Affairs, Women for Health
State 3	State Ministry of Health (Provost), State Primary Health Care Development Agency, Health Training Institution Principals, Women for Health State Team Leader
State 4	Health Training Institution (Provost), State Ministry of Womens Affairs, Women for Health State Team Leader
State 5	State Ministry of Health, (Perm Sec), State Ministry of Womens Affairs (Director) Emir, Health Training Institution Principals, Director of Primary Health Care, Local Government and Chieftaincy Affairs, Health Training Institutions Remedial Coordinator

Role of the State Foundation Year Programme Working Group

The role of the SFYPWG is multi-faceted (see Box 1) and includes:

- advocacy for the establishment and maintenance of the programme;
- technical oversight;
- ensuring transparency of admissions procedures;
- ensuring entry guidelines targeting women from underserved, rural areas are correctly followed and political interference is avoided;
- and ensuring the programme focuses on impact and continuously improves.

While working group members should be be prepared to commit for a number of years, it should also be possible to bring in new, relevant members, and for some to drop out if necessary. In order to maintain working groups vibrancy and to share out responsibility, the group officers, especially the chairperson, should change on an annual basis.

Box 1

Role of the State Foundation Year Programme Working Group

- Support the implementation of FYP operational plans
- Advocate for policy changes where necessary
- Track progress of FYP students
- Liaise with Women for Health team in adressing key issues
- Ensure that all students recruited are genuinely from rural areas
- Ensure that the recruitment and admission process into the FYP is transparent
- And committed to improving the impact of the FYP
- Reduce political interference, favouritism from the community heads and patronage from senior management of training institutions.

Step 2

Identifying a Foundation Year Programme Coordinator

In order to take specific responsibility for the FYP in each state, a coordinator should be appointed from one of the Health Training Institutions. This person will not be full time but should be remunerated as a special management responsibility.

The person should be relatively senior and have:

- Strong management and organisational skills
- High level of interpersonal communication and counselling skills
- A good understanding of the aims and objectives of the FYP
- An empathy with FYP students
- Good gender awareness and sensitivity

The role of the FYP Coordinator is to:

- Coordinate the programme in their state
- Liaise with programme staff
- Lead the recruitment process for members of the SFYPWG
- Participate in all training and capacity development
- Provide support to the implementation of the programme
- Monitor the programme, the performance of staff and students on an ongoing basis
- Refer any issues to the SFYPWG and programme staff
- Act as a key, facilitating member of the SFYPWG
- Ensure that the FYP is on track and achieving its mandate

Step 3

Identify and negotiate the location of the Foundation Year Programme

The FYP serves all the Health Training Institutions involved in the Professional Programme, and ideally one of the Health Training Institutions can host the FYP and its management to facilitate its implementation and sustainability. Having the FYP located at a Health Training Institution helps FYP students go on to win a place to continue training at one of the relevant schools.

In some cases, there may not be sufficient physical space in any of the existing Health Training Institution for the FYP which requires at least one teaching room and accommodation for up to 50 students and an alternative site will have to be found.

Various state stakeholders such as the MOE and SMOH may help. The site could be in a disused school or health facility. No matter what the location of the site, it is likely that some infrastructural development will be necessary. If the location is not in an existing Health Training Institution it will be important to build in a number of visits to the Health Training Institutions as part of the FYP activities, particularly the Preparatory Programme.

Step 4

Selection and training of Foundation Year Programme tutors

Tutors for the FYP can be identified through the Ministries of Education, Health and Womens Affairs. For the Bridging Programme the tutors need to be subject specialists in English, Maths and three sciences and in addition they must be highly skilled in a wide range of student-centred and adult learner methodologies, in the provision of learning support and the ability to encourage and support those who may struggle academically. For the Preparatory Programme, tutors need the same skills as above but they will also need to be very familiar with the curricular of the Health Training Institutions.

The selected tutors will need an orientation programme, approximately one week in length, which should include:

- Familiarisation with the Women for Health programme
- Issues of gender equity and social inclusion
- Adult learners and student-centred methodologies
- Psycho-social support and counselling
- Formative and summative assessment
- Developing confidence and self-esteem
- Practical skills teaching

Box 2 provides a full list of suggested topics. It is recommended that peer mentoring be put in place during the training so that tutors are able to provide mutual support.

Box 2

Teaching skills

- Target groups
- Shaping the curriculum
- Planning a programme of study
- Lesson planning
- Learner-centred methodologies
- Active learning/ learning by doing
- Working with adult learners
- The experiential learning cycle
- Formative and summative assessment
- Practical skills teaching
- Visual aids, ICT and e-learning
- Peer teaching and peer mentoring

Stage 5: Recruitment and admission

Step 1

Town hall, community forums and meetings

Once the target communities are identified, Town Hall meetings should be called in that area. These are orientation meetings for community leaders, civil society organisations, educators, health workers and other community-focused professionals, as well as potential students and their families. The purpose of the meetings is to raise awareness of the impact of the shortage of female health workers and develop understanding about the programme, especially the intention to recruit young women from rural areas. These gatherings can help to open the eyes of parents and husbands to the benefits of their daughters or wives training and then practising as health workers. Religious leaders are often keen to promote the role women health workers can play in addressing high maternal mortality in their communities.

At these meetings, community leaders are asked to identify suitable young women in their community to be candidates for the FYP (see Box 3 for the agreed criteria).

Step 2

Conduct local community meetings

After the FYP students have been identified, facilitators, who can be drawn from the SFYPWG, need to visit the resident community of each of the potential students. Community dialogue should be conducted with local gatekeepers and leaders, the potential students themselves, FYP family members and other community members.

The importance of training female health workers should once again be emphasised and the opportunities that the training explained to the young woman and her family. At this stage the potential student, and her family members (parents, husbands) may have many questions, especially regarding the safety and security of the young women, and these need to be answered as fully as possible. The application process and what happened next can then be explained.

Box 3

Selection Criteria for Foundation Year Programme Candidates

- Candidate must reside daily in a rural area
- The area must be underserved as identified by the data on midwife distribution in each state
- Candidates must commit to return and work in a facility in the rural area she comes from in a letter signed by the candidate and her parent, husband / guardian, that is submitted with application and kept for record purposes.
- The LGA/Wards must have a state-owned health facility
- Candidate must have studied Physics, Chemistry and Biology for a minimum of three years at senior secondary school level

Bridging Programme

- Must have three O level Credit passes
- Two of the three passes must be in English, Mathematics, Physics, Chemistry or Biology.

To go straight to the Preparatory Programme

- Candidate must have a minimum of five O level credit passes in English, Mathematics, Biology, Chemistry and Physics.

Step 3

Orient and prepare families for change

The young women starting the training may have little experience outside their own village. Going to one of the main state towns is a big change. The young womens confidence and self-esteem may be boosted by being selected for the training, when in many cases no previous young person from her community, female or male, has attended tertiary education. Acquiring new knowledge and skills will strengthen that process of empowerment.

The young woman will also receive a monthly stipend and this may be the first time in their lives that they have some money of their own that they can make their own decisions on how to spend it. All of this will change them and when they return home, they will be different. Families need to be aware of this and be prepared for these changes. Preparing families for this should be a gentle process and start as early as possible. It is important to emphasise the positives of the change so as not to discourage other families from allowing their daughters or wives to attend training.

Testimony

'I have become a role model, which gingers (encourages) members of the community to develop more interest in enrolling their female children to school. Other parents are also interested and paying more attention to their female children to have this great opportunity when they grow up'

Step 4

Admissions process

Potential students need to be provided with the relevant application form for entry to the course. It is important to design these forms so they are accessible for young women from rural areas as few in the community will have experience of filling in forms. When the applications are received, comprehensive records need to be kept and adequately maintained by each state and made available to the implementing and funding agencies to ensure transparency. All submitted applications will be collated and verified to ensure fairness for all applicants and screened (see Box 4).

Step 5

Selection of candidates

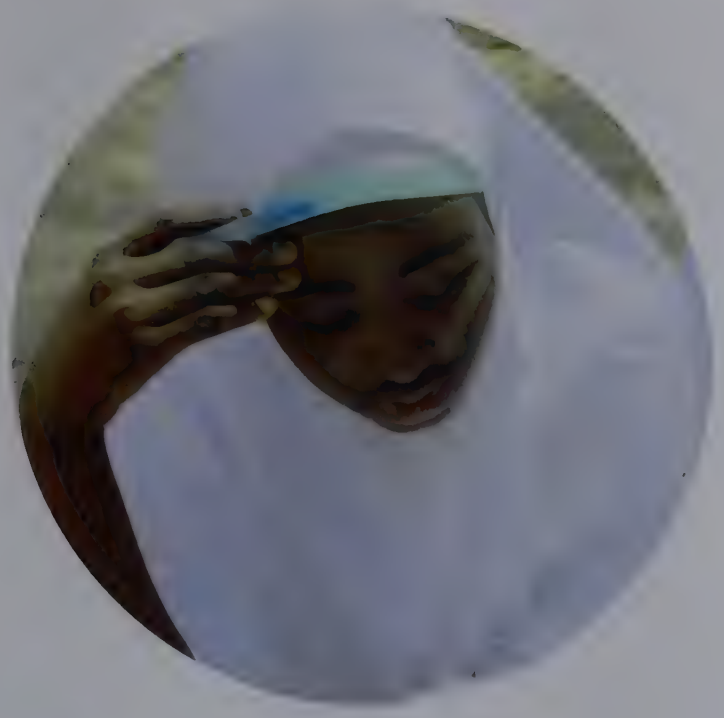
Entrance Examination: All successfully screened applicants should be invited to take the same pre-qualification test to determine the level of academic proficiency; and also provide guidance to placing students at the appropriate level to match their capability beyond the WAEC, NECO or SSCE certificates they provide as proof of results. The test should be set centrally and administered centrally or regionally in each of the states. The exam should include basic English, Mathematics and Science questions.

Invitations to take the exam need to be sent to the successfully screened candidate through the phone contact details provided in the application forms, or by personal visits to the residence of the girls or through letters sent to the Emirate Councils. In Women for Health, some states combined two of the methods to ensure that the invitation for the pre-qualification exam got to the intended students. To avoid discouraging the students from sitting the test, due to long travel distances to get to the health training institutions, it is important to administer the test in several centres in the communities.

The entrance test questions should be jointly set by tutors in the health training institutions who are familiar with the NECO/WAEC syllabus and examination questions, and further reviewed by the SFYPWG and the programme team to ensure that the questions will test the requisite educational standard that required for the FYP students.

While all students need to achieve the pass mark, if more students pass than there are available places, it is not necessarily the highest scorers that are given the places; the scores need to be considered alongside selecting students from the most underserved rural areas and from less privileged backgrounds. Reasons for selection must be fully documented and explained to the programme management in each state.

Interview: An interview should be held immediately after the examination. Because of the background of the young candidates, interview panels need to make the candidates feel at ease and encourage them to feel comfortable and to speak freely. Some of the candidates may too shy to speak freely in English; so clarification can be given in local language. The interview panel needs to be drawn from a cross-section of stakeholders, including the FYP coordinator and other members of the SFYPWG. Panel members need to be very familiar with the programme and what it is trying to achieve.



BOX 4

The screening process

- Applications received, collated and verified
- Checked for complete applications
- Validation of all claims
- Verification of supporting documents
- Applications assessed against minimum selection criteria

Step 6

Garner community sponsorship, support and commitment

Community sponsorship is an important mechanism for consolidating local buy-in to the FYP. Long-term sustainability is enhanced by encouraging communities to play a bigger role in the education of the young women; the assumption being that this level of support will carry over into support for the female health workers when they return. Given that these are mostly very poor communities, it is not expected that any one community will generate sufficient finances to pay for a students study costs. In fact, some communities are unable to contribute any finances and can only provide support in the form of equipment or furnishings or just in good wishes and prayers. In addition, community sponsorship cements the communitys commitment to the student, it also reinforces the students commitment to return and work to the benefit of the community.

During the preparation meetings, community members should be encouraged to identify the form their support will take and agree how it will be provided, for example, deciding whether and when family members would visit or drawing up a timetable for visits by different community members. Consent forms are signed by the students parent or husband to formalise her participation in the programme. In the same way, students and the head of their family are asked to sign a bonding a form which commits them to return to their communities to work once they are qualified.

Step 7

Invitation to join the Foundation Year Programme

Selected students are sent an invitation letter that explains in more detail what will happen when they arrive, the induction process and what to expect during the year-long programme. It should also include a list of the basic materials to bring with them.

A letter should also be prepared and sent to the unsuccessful candidates, thanking them for their application, explaining why they were unsuccessful this time and recommending what they might do to improve any future application.

Stage 6: Implementing the Foundation Year Programme

Once students are enrolled in the programme, it is crucial to provide sufficient support and assistance through their journey of growth and empowerment. It is also important to give on-going support to the colleges, to ensure the young women are able to succeed, qualify and return to their rural area to work.

Step 1

Ensure a positive, female-friendly environment

Providing an appropriate, female-friendly environment for married and single women is essential. More information about how Women for Health worked with the training schools to increase their gender responsiveness can be found in ***How-to Guide 1, Empowering Young Women from Rural Areas to become Health Workers***. Some of the key features include:

- Ensuring appropriate and secure accommodation, especially for married women
- Provision of crèches and nannies for infants of students
- Providing gender-awareness training for staff and managers
- Ensuring effective student voice mechanisms are in place so that the voices of female students can be heard
- The provision of personal, social and academic counselling
- Functional protection and disciplinary mechanisms for reporting harassment and abuse

Step 2

Establish an effective academic programme

Appropriate Teaching Methods

High quality teaching and learning that pays attention to helping all students (and not just the high-flyers) is essential if the young women from rural areas are to pass their exams and become health professionals. As many tutors will be accustomed to using didactic, teacher-centred methods aimed at covering the curriculum rather than helping their students to develop as learners and pass their exams, teachers skills and attitudes may need developing (see section on recruiting and training teachers). Tutors need to be especially skilled at using adult-learner centred and active learning methods.

English for academic purposes

Even though English is the language of tuition, the quality and accuracy of English of tutors and students alike may not be strong, which may disadvantage students when it comes to reading and writing in exams. This is especially true for female students from rural areas. There are many courses available for students in Academic English, and it is recommended these are made available so students can improve, pass their exams and succeed in their professional careers.

Step 3

Ensure sufficient learning resources

Text books and reference books

In order to study effectively, students will need the correct and up-to-date textbooks. If possible each student should be provided with the basic books they require, so that they are able to study in their spare time. Actually owning textbooks can add to the self-esteem of the student. Other key reference books should be provided in an FYP library.

E-learning

Lack of resources and access to information for both students and teachers are a challenge in the colleges. The wealth of material available on-line to support the teaching of health subjects is enormous. Access to the internet is improving, so developing learning hubs and various other e-learning mechanisms with the colleges can significantly improve the range and quality of material available to teachers and learners. Access to these materials can increase students abilities as independent learners and reduce their dependence on teachers.

Step 4

Study support

An effective counselling and mentoring support system for FYP students is very important. Counsellors, who may be the FYP Coordinator or one of the tutors, need training to provide both academic and psycho-social support to help students deal with social and emotional challenges as well as academic ones. Given their rural backgrounds, the experience and environment of studying in the FYP, and being away from home and all that is familiar, means that students can need substantial pastoral support. Much of this they may be able to get from their peers, but provision of various forms of support might be needed: from catch-up support, if a student if falling behind academically, to more in-depth psycho-social support if the student is finding it emotionally challenging to adjust to the new environment.

Step 5

Provision of financial support

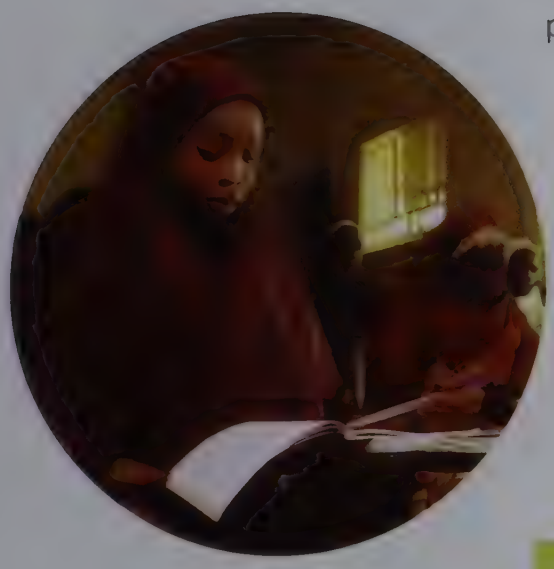
Given that these students are unlikely to receive much financial support from home, in addition to paying for fees and accommodation, any programme will need to provide the students with a small monthly stipend of around 5,000 to 10,000 Naira (approximately US$13 to $27) to cover incidental living and academic expenses. For some, it will be the first time that they have had any money of their own which they can decide how to spend.

Stage 7: Progression pathways

Step 1

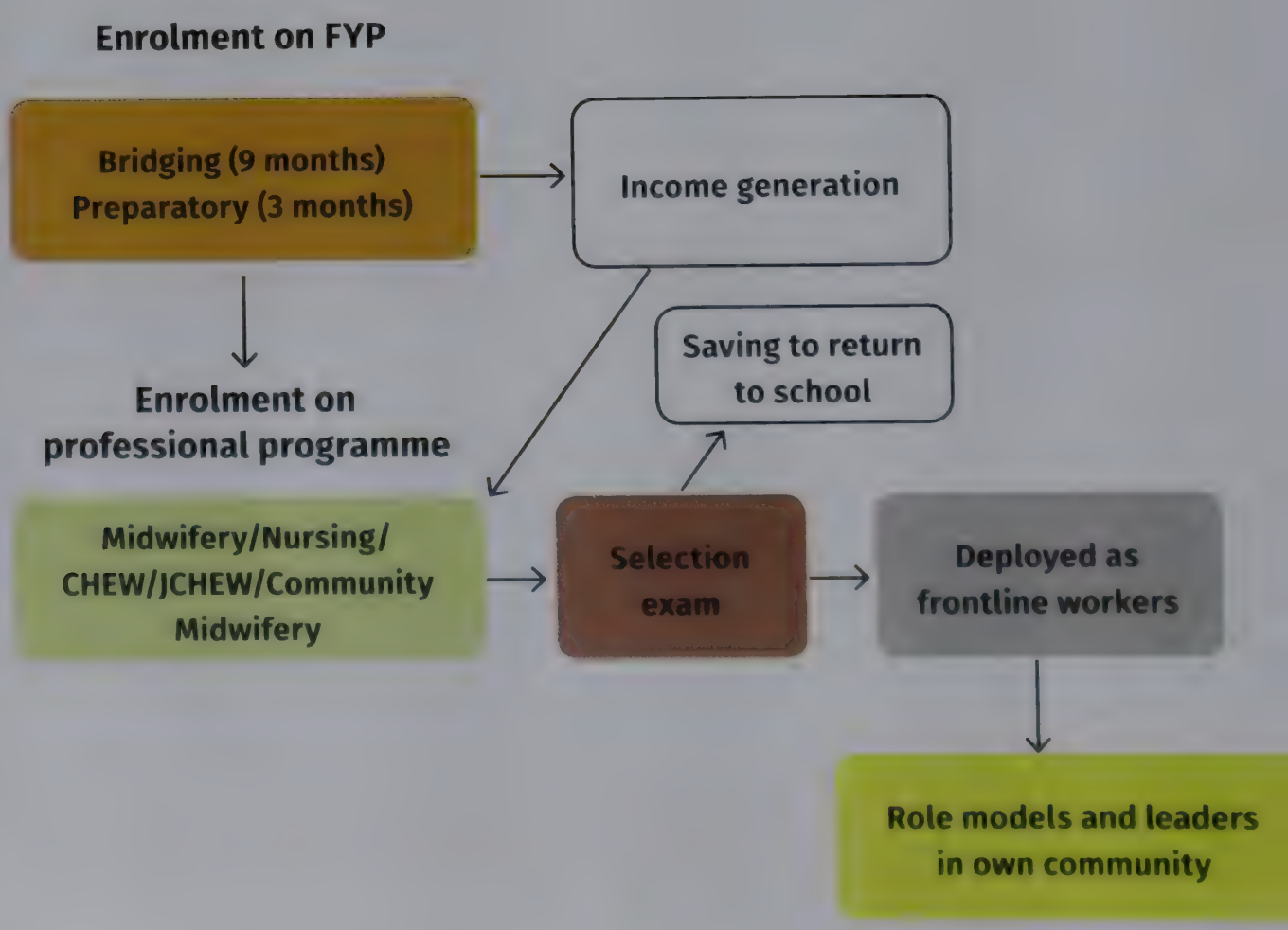
Progression from FYP to health training

Lessons learned from the first FYP have been used to develop a range of progression pathways from the FYP into a health training institution or other appropriate college. Decisions on the progression pathway will be based on students interests, their qualifications and their performance in regular tests. The first key decision time will be at the end of the Bridging and Preparatory FYP programmes when students decide on which course to enter depending on whether they have five credits or five passes (Bridging Course students) or Preparatory Course students performance in their regular tests. Alternatively, if they have not managed to gain their five credits, there may be other professional routes to pursue, such as Community Midwifery or Junior Community Health Extension Worker (JCHEW), or they may opt for vocational training or moving straight into an income generating activity.



Another decision point is if a student does not pass the Nursing, Midwifery or CHEWS entrance exam, which is taken a number of weeks into the Professional programme. At this point, the student may be advised to return to the Preparatory Course or may be supported to enter the JCHEW or Community Midwifery programme. However, it is hoped that regular performance reviews will prevent students being placed in courses that are too challenging for their level of ability.

Figure 3: Pathways diagram



Step 2

Prepare FYP graduates for their transition into work

As foundation year students move towards completion of their professional programmes there is a need to prepare them for their professional role, strengthen their capability as role models in their working community and support them in the difficult transition period from school into work. In Women for Health, students are supported by providing them with preparation classes and identifying a mentor from a previous cohort. In the Midwife Mentoring Scheme, an experienced midwife, nurse or community health worker supports a new graduate of the professional course as they transition into the workplace.

Step 3

Maximising empowerment

For a young woman from a rural community, where opportunities for girls and women are very limited, the impact of being provided with an opportunity to continue education and training should not be under-estimated. Being the chosen one from their community, where no-one, female or male, has previously attended tertiary education brings with it great hope and aspiration not just for the young woman but also for their family and whole community. It can lead to other parents valuing girls education and increased respect for girls and women more generally.

These young women act as role models and champions of change in their communities, are invited as guests to special events, and are taken notice of, where they were previously invisible. Activities to support and strengthen this process of empowerment can have a strategic, positive impact on the situation of women and girls in these communities for the present and in the future.

Step 4

Leadership/mentoring training for all female students

Attending the FYP has the potential to greatly increase the well-being and empowerment of young women from rural areas. Providing personal skills development modules, in topics such as leadership and negotiation, can greatly increase the empowerment of these young women and enable them to safely navigate their life paths. These training modules can also help them to become local champions of change, re-investing in their communities as businesswomen, philanthropists, activists and advocates for the rights of rural girls and women.

Such training modules should be provided for all foundation year students and, where possible absorbed into the Preparatory Course. If resources permit, they could be provided for all female and male students on professional health courses. The aim of these modules is to maximise students growing self-esteem and confidence, and develop their sense of agency and leadership skills in order that they may become leaders and champions of change in their home communities. Topics for including in such a training modules can be found in Box 5.

Box 5

Suggested topics for leadership and empowerment training

- Womens rights
- Visioning for girls and women
- Leadership
- Communication: speaking
- Communication: listening
- Decision making and negotiation
- Managing relationships
- Mentorship and empowerment
- Speaking in public
- Conflict management and negotiation
- Financial management
- Business and employment skills
- Being a change agent
- Social inclusion

Step 5

Business development training for those not accepted onto the professional programmes

Not all eligible applicants will get a place on the professional health training courses. The number of places is limited and there is competition for them. Also, some FYP students struggle academically or socially, and not all gain a place on a course, at least not immediately. For these women, returning home without a qualification is likely to have a negative effect on their confidence and self-esteem and leave them with limited hope for the future. It is therefore essential that these women be provided with further leadership training, business development and income-generation skills.

If possible the FYP initiative could provide them with a small amount of seed money. This could be conceived as social loan, the payback of which is in support of other girls or young women in their community. An alternative is to link them up with one of the social impact loan companies, providing very soft micro loans.

If this is all outside the remit of the FYP initiative, project or programme, it is suggested that the project or programme develops some personal and social support mechanisms perhaps by linking up with another agency, such as the Ministry of Womens Affairs, an NGO or womens organisations focused on womens economic empowerment which can provide students with business development skills.

Step 6

Creation of an alumni association

Through their leadership and enhanced skills and empowerment, individual women can achieve a significant amount, but womens collective agency can be much more transformative for society. Collective voices can better transform social norms, challenge gender roles that limit individual agency and opportunities, and can ensure that their views are represented in wider society and government policies. Creating an FYP alumni association can enhance these womens access to and control of additional resources such as finance, further training and markets and provide a platform for womens advancement in rural areas.

Stage 8: Establishing monitoring and tracking processes

Sustaining and maintaining high-quality programmes is crucial to the success of the FYP. In Women for Health, the quality of individual FYPs was monitored using three activities:

- Regular internal monitoring of the FYP through the health training institution appraisal system
- Quarterly external monitoring by state officers of the FYP implementation
- Annual national evaluation carried out by independent monitors organised at national level
- Tracking students once they have completed their training

Internal monitoring

Internal monitoring can be carried out by the FYP Coordinator or other staff from each school. These staff members observe teaching of FYP classes and interview
FYP tutors and students to identify perceptions of implementation and progress. The results of students monthly tests and mock exams are also scrutinised to identify student progress and address areas of weak performance by both teachers/tutors and students. The monitors use standard quality descriptors and report formats to support internal evaluation of progress.

External monitoring

External monitoring should be regularly carried out by the FYP programme assistant/FYP Coordinator and key state stakeholders. It is suggested that they also use observation of teaching, results from students monthly tests and mock exams and interviews with health training institution management, tutors, teachers and students using the same descriptors of quality and report formats to enable comparison between the internal and external monitoring. State level quarterly reports are used to provide a national overview report.

The results of the internal and external monitoring are discussed at the quarterly meetings of the SFYPWG. This enables comparisons, lessons to be learned and issues to be addressed.

Step 3

End of year review

An end of year review should be carried out towards to the conclusion of each course. Results from the review are then be taken to the SFYPWG and programme team to identify areas for improvement and amendments to the FYP initiative for the following year. Progress from each FYP should be reported to the overall monitoring team and lessons should be shared nationally and between states.

Testimony

"I had never thought I would have the opportunity to go back to school. Now I am offered this excellent opportunity and I am very much ready to learn even if I am nursing a baby"

Aisha, FYP student

Step 4

Tracking FYP students

The tracking process begins with students recruitment into the FYP programme, their progression into and through the health training institution and finally from the institution to the workplace. Tracking means it is possible to spot FYP students who need support at any point on their training and professional journey. This tracking information also contributes to FYP monitoring and lesson learning.

Tracking FYP students will ensure that:

- All FYP students receive the support they need to succeed at a personal and academic level.
- They are held to their bonding agreement to work in an underserved area.
- The case for supporting rural women to enter the health profession through a fit for purpose FYP is developed.
- A learning process is in place so that the programme can improve year-on-year.

Stage 9: Institutionalisation and sustainability

The process of institutionalising and sustaining the FYP begins when the initiative is first established, when the various state and LGA level stakeholders are involved. Building on the initial relationship with stakeholders, Women for Health gradually put in place mechanisms that ensured a gradual process whereby the stakeholders take over the running of the FYP. It was important for Women for Health to have a State Team Leader in each state who worked closely with the various government structures to seek opportunities to embed and institutionalise the FYP as they arose.

While the aim is the same, the process in each state can be different. For example, while key components remained the same, the five states in which Women for Health worked are taking different routes towards sustainability (see Annex page 34). In general terms there are five to six main stages of sustainability:

Ensuring sufficient stakeholder ownership from the start

As mentioned throughout this document ensuring state buy-in and ownership greatly enhances the chances of sustaining the FYP initiative. As the initiative progresses, advocacy at state and local government level may encourage government departments to agree that health training institutions should take on and fund some elements of the FYP. Demonstrating the benefits and positive results of the FYP initiative based on the data generated by tracking students will also help this process.

Develop a sustainability strategy

The FYP team in each state and the SFYPWG should provide technical assistance to relevant state and LGA departments to develop an effective strategy for sustaining the initiative in the state. This phase is made easier by the ongoing engagement of the SFYPWG throughout the planning, implementation and monitoring activities of the initiative. The strategy will identify which level of which Ministry should fund and manage which aspects of the FYP.

Step 3

Maximise political commitment

If they are not already part of the team developing the strategy, the strategy should be taken to state legislators and policy makers. Advocacy to all political and opinion leaders should be undertaken to gain political commitment from key stakeholders.

Step 4

Create a legal and policy framework

Following on from achieving political commitment, a Memorandum of Understanding (MoU) may be developed to encourage follow through action. Further advocacy could be undertaken at the highest level (for example, in the State House of Assembly) to enshrine the principles of the FYP in law through development of a policy or Bill. As can be seen in the Annex on page 34, different Women for Health states have taken different routes to creating a policy or legal framework.

Step 5

Establish mechanisms for financing the FYP initiative

Advocacy to ensure that budget lines are created in state or LGA budgets for funding the FYP is crucial to ensuring its sustainability. If possible the amounts to be allocated and released should be incorporated into any related MoU or Bill developed.

Last Words

A summary of lessons learning and advice from Women for Health

Initial **involvement of key stakeholders from the start** will significantly enhance ownership of the FYP initiative, its institutionalisation and its future sustainability. For example in Women for Health, encouraging the SMOH to host and take lead in the FYP planning and implementation resulted in their buy-in from the earliest opportunity. The involvement of state legislators was particularly important for gaining support at the highest level, including the creation and passing of an FYP law in some states.

Providing even the smallest amount of **infrastructure development** can leverage significant support from key stakeholders.

Gathering both qualitative and quantitative evidence and spending sufficient time helping key stakeholders to understand the enormity of the problem and possible solutions, garners support and pays dividends in the end.

The **development and publicising of selection criteria** at the start of the FYP initiative, and strategies to deal with pressure from people trying to influence the selection process, will contribute to the smooth running of the selection process. Strategies could include passing-up any selection issues from the health training institution to the SFYPWG and on to FYP state or national management teams, thereby taking the decision away from the local training institution. The use of entrance exams, which are set and marked outside the training institutions, can also reduce this pressure.

Finding focal persons in each area will ease the challenges involved in communicating with successful and unsuccessful candidates.

The extent to which **admission onto the FYP transformed students** was under estimated even by staff who knew that change was inevitable. While family members of the students were prepared for some change, after the first cohort in Women for Health it became clear that more needed to be done to prepare families for the extent of the possible change, how to manage it and to help them understand how such change is a positive thing for the family. More was also done to help students develop greater self-awareness and understand how their transformation might impact on their families.

The FYP has been a hugely successful component of the Women for Health programme. Evaluations show that attendance on the FYP has brought current and potential economic benefits to rural students, their families and their communities. The studies demonstrate how providing an opportunity for young women to study at this level brought a greater sense of hope for the future for themselves and their rural communities. Other achievements of note include: a high rate of FYP students (over 65%) gaining access to the health training institutions; FYP graduates showing signs of high levels of achievement, with those in the midwifery courses coming top of their class; and many FYP graduates from the first cohort (2017) who graduated from Schools of Midwifery are already working in rural health facilities.

Check List

Stage 1: Preparation

- [ ] Conduct a scoping study
- [ ] Identify the barriers
- [ ] Map the underserved communities
- [ ] Conduct a stakeholder analysis

Stage 2: Engaging stakeholders

- [ ] Formulate clear logical messages
- [ ] Build support
- [ ] Participatory development of advocacy strategies
- [ ] Ensure that advocacy is in all job descriptions
- [ ] Build on existing trust and goodwil
- [ ] Establish and maintain strong relations with core activists and gate keepers
- [ ] Use funding to leverage Support
- [ ] Follow-through on promises and leverage quick wins
- [ ] Engage Families and Communities

Stage 3: Designing the Foundation Year Programme

- [ ] Design the Bridging Course
- [ ] Design the Preparatory Course

Stage 4: Establishing the systems and structures

- [ ] Establish a State FYP Working Group
- [ ] Identify a FYP Coordinator
- [ ] Identify and negotiate the location for the FYP
- [ ] Select and train tutors

Stage 5: Recruitment and admissions

- [ ] Conduct town hall meetings and community forums
- [ ] Conduct local community meetings
- [ ] Orient and prepare families for change
- [ ] The admission process
- [ ] Select candidates
- [ ] Garner community sponsorship and commitment
- [ ] Invite successful candidates to join the programme Invite successful candidates to join the programme

Stage 6: Implementing the Foundation Year Programme

- ☐ Ensure an enabling and female friendly environment
- ☐ Implement an effective academic programme
- ☐ Ensure sufficient learning resources
- ☐ Provide learning support
- ☐ Provide financial support

Stage 7: Progression pathways

- ☐ Support progression from FYP to health training
- ☐ Prepare graduates for their transition into work
- ☐ Maximise empowerment
- ☐ Leadership and mentoring training
- ☐ Business development
- ☐ Create an FYP alumni association

Stage 8: Establishing monitoring and tracking processes

- ☐ Internal monitoring
- ☐ External monitoring
- ☐ End of year review
- ☐ Tracking students

Stage 9: Institutionalisation and sustainability

- ☐ Ensure stakeholder involvement from the start
- ☐ Develop a sustainability strategy
- ☐ Maximise political commitment
- ☐ Create a legal and/or policy framework
- ☐ Establish financing mechanisms

Different routes to sustainability at state level

State 1

STEP 1: Political commitment

Women for Health worked closely with members of the State Assembly, to advance FYP through advocacy, sensitisation meetings and personal lobbying. As a result the state assembly now prioritises funding of health training institution budgets.

STEP 2: Community pressure interest groups

Groups have been identified that can hold government accountable and can help to maintain the enthusiasm of Members of State House of Assembly for (and oversight of) the FYP.

STEP 3: Financing the FYP

SMOH created a budget line for FYP in the health training institutions budget. A sum of N17million was approved for FYP activities in 2017. The SMOH appointed a desk officer in the State Ministry of Health, to work closely with the health training institutions implementing the FYP and other relevant ministries to ensure effective implementation of the programme.

STEP 4: Legal framework

The SMOH after due consultation with the College Board and the state legislators, discovered that the legal mandate of the College of Nursing and Midwifery provides for additional programmes such as FYP and it was not necessary to revise or create a new bill for FYP.

State 2

STEP 1: Political commitment

Stakeholders agree that the Ministry for Local Government will fund the programme and Ministry of Health will continue to implement the programme at the health training institutions.

STEP 2: Legal framework

Memo based on the above agreement sent to his Excellency the Executive Governor to approve the contribution, which was approved and communicated officially to all relevant ministries.

STEP 3: Financing the FYP

The MoU stated that an investment of N1million will be made annually by each of the 44 LGAs in the state; it also approved the opening additional site for a FYP.

In addition, the members of the State House of Assembly developed and passed a Health Trust Fund Bill in which 5% of internally-generated state revenue goes to the fund, as well as 1% of statutory allocation to the state. Of the money generated, 25% will be given to the health training institutions and a certain percentage is to be dedicated to FYP.

The members of the State House of Assembly also pledged sponsoring one girl annually from each of their constituencies.

State 3

STEP 1: Ownership and political commitment

All stakeholders agreed to ensure the continuity of FYP in their areas.

The state government through its Ministry of Local Government and Chieftaincy Affairs and LGA Chairmen promised continuous support and financial commitments to the FYP.

STEP 2: Legal or policy framework

A Memorandum of Understanding was drafted with the state government through the Ministry of Local Government and Chieftaincy Affairs.

It was sent to the Ministry of Justice in order to seal the agreement.

His Excellency the State Governor signed the MOU for the Local Government to take over FYP.

STEP 3: Financing the FYP

Under the MOU, the Ministry for Local Government and Chieftaincy Affairs will sponsor FYP by:

- **N10,000 monthly allowance for subsistence per student by the 34 Local Government Councils.**
- **N10,000 each to ten (10) science teachers by the 34 Local Government Councils.**
- **Provision of text books and training materials.**

State 4

STEP1: Ownership

From 2016 the state government agreed to finance some aspects of FYP, e.g. one meal a day, payment their WAEC and NECO exams fees, provision of science teachers and quarterly supportive supervision, while Women for Health provided the remaining requirements.

STEP 2: Political commitment

Because of the interest in the programme by the government, the membership of the SFYPWG was reconstituted to include top government officials and legislators.

The new members developed the FYP sustainability strategic plan.

STEP 3: Financing the FYP

The 2017 and 2018 annual budget approved by the Government released funding of N42.5million and is now fully implementing the programme with minimal support/ involvement of Women for Health.

STEP 4: Legal framework

A FYP Bill is with legislators at 3rd Reading for legal backing for the takeover of the programme by the state. Once the Bill is signed by the Governor it becomes law.

State 5

STEP 1: Ownership

Meetings were held with key stakeholders to sensitise them on the importance of the FYP. Stakeholders included the Hon. Commissioners of Health and the Ministry for Local Government and Chieftaincy Affairs, the members of the House Committee on Health and heads of the health training institutions in the state and PS of the Ministry of Justice.

STEP 2: Political commitment

It was agreed that the Ministry for Local government will be the home of the FYP, as the beneficiaries will be sourced from the Local governments.

STEP 3: Legal framework

Steered by the state Legislators a Bill was drafted by the Ministry for Local Government.

The Speaker of the House of Assembly presented the bill to the Executive governor and the bill passed into Law on the 24th of March 2017.

STEP 4: Financing the FYP

The Bill states that the Ministry for Local Government will deduct from source N2.1 million monthly and the money will be deposited into the School of Nursing and midwifery Women for Health programme account. This began in June 2017.

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Glossary of key terms

Advocacy Using key messages related to the rationale of a programme and its benefits to influence opinion leaders and other stakeholders to support a particular cause or action.

Empowerment Confidence and self-esteem, greater agency (voice and decision-making power), economic opportunities, and control over resources and an enabling environment .

Foundation Year Programme Programmes that cover a range of basic information and prepare students to access further academic programmes of study. In this case it is referring to two different types of programme; one that enables students to improve their school leaving exam scores and another, or follow-on course that prepares them for nursing, midwifery or community health worker courses

Bridging Programme A foundation programme that enables women who have not done well in O Level exams to improve their exam results to bring them up to tertiary education entrance standard.

Preparatory Programme To prepare those who have five O level passes for following one of the professional programmes in the schools of nursing, midwifery or health technology.

Gender responsiveness Taking action to ensure that the needs of women as well as men are taken account of and closing any gender gaps. As women have been previously under-represented in the many of the Health Training Institutions, it means taking action to change systems, structures and culture/environment to reduce any barriers and make it possible for more women to gain entry and study effectively.

Stakeholders All those who have an interest in or can be affected by any action, project or programme.

Acronyms

FOMWAN Federation of Muslim Womens Association of Nigeria

FYP Foundation Year Programme

FYPWG Foundation Year Programme Working Group

HTI Health Training Institution

JCHEW Junior Community Health Extension Worker

LGA Local Government Area

MOE Ministry of Education

MOH Ministry of Health

MOU - Memorandum of Understanding

MOWA - Ministry of Womens Affairs

NGO Non-governmental organisation

PHC Primary Health Care

PS Permanent Secretary

SFYPWG State FYP Working Group

SHT School of Health Technology

SMOH State Ministry of Health

SOHT School of Health Technology

SOM School of Midwifery

SON School of Nursing

SPHCDA State Primary Health Care Development Agency

W4H Women for Health Programme

W4H
WOMEN FOR HEALTH

Since it began in 2012, the Women for Health programme has successfully addressed many of the practical and strategic challenges associated with its goal of increasing the number of female health workers, especially midwives, in rural areas of northern Nigeria.

By the end of March 2018, 6,257 women received training as health workers because of the programme. Many are developing careers as rural health workers in their local communities where they can have the greatest impact on maternal, infant and child mortality and act as role models and champions.

This How-To guide is about the process of establishing a Foundation Year Programme to enable young women from rural areas to improve their education qualifications and empower them for entry into the Health Training Institutions. It translates the lessons learned from the Women for Health programme into a series of practical, inter-connected steps to guide similar projects and government initiatives in comparably challenging locations.

This guide is for anyone aiming to close a gender gap in service provision and empower women through the process, while also contributing to progress on the Sustainable Development Goals. It is suitable for project and programme teams, government departments, development partners and non-governmental organisations.

While this Guide is focused on health, some elements of the guidance could be valuable for the provision of other social services, such as education, to increase the supply of female teachers in rural areas, and agriculture/livelihoods, to increase the availability of more female agricultural extension workers.

Other How-To Guides based on the learning from different aspects of the Women for Health programme are available.
For more please visit www.women4healthnigeria.org

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Save the Children.

The programme is led by DAI Global Health (incorporating Health Partners International and GRID,) in partnership with Save the Children.

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